

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-873)

APPLICANT'S NO. **09/1856108** FILING DATE

AS FILED		AFTER THE AMENDMENT		AFTER THE AMENDMENT		CLAIMS						
	IND.	DER.	IND.	DER.	IND.	DER.	1		2		3	
	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
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50												
TOTAL IND.	7		4		6							
TOTAL DER.	54		26		24							
TOTAL CLAIMS	61		30		30							
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TOTAL IND.												
TOTAL DER.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY